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CITY OF TORONTO
PLANNING AND DEVELOPMENT DEPARTMENT

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Disabled and Elderly
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Municipal Reference

To: Neighbourhoods Committee

Subject: Deinstitutionalization of Developmentally Handicapped

Origin: Commissioner of Planning and Development
(c7lnhc84054:393)

1. Introduction

On May 17, 1984 the Committee had before it an undated report from the Ontario Public Service Employees Union regarding the effects on the community of the "deinstitutionalization of developmentally handicapped persons." The Committee requested a report on the impact of "deinstitutionalization" and suggestions as to what the City's response should be.

The brief focused on the potential implications of "Services for the Developmentally Handicapped: "A Five Year Plan" which the Ministry of Community and Social Services released in 1982. The plan includes the discharge of approximately 1,000 residents from provincial institutions by 1987. The Plan also includes the expansion of community services, as will be outlined later in this report.

In order to determine the potential implications of this service plan, I consulted the deputants, Provincial officials, municipal staff and representatives of several interested community groups and service-providers including the Social Planning Council, the Supportive Housing Coalition, Ontario Association for the Mentally Retarded and Reena Foundation. These consultations focused on the issues related to housing, transportation, case management, support services and mental health services.

Preliminary examination of the Service Plan indicates that deinstitutionalization is one of several major components of the plan. This report will provide an historical perspective of the City's approach to deinstitutionalization, outline the current status of the Province's Five Year Plan, and indicate the potential impacts upon the City.

2. Background

Toronto City Council has undertaken several initiatives in recent years to address the needs of various populations that have left institutions and returned to full-time community living. For example:

a) Provisions of the zoning by-law permitting residential care facilities in all residentially-zoned areas facilitate the development of group homes into which previously institutionalized adults can move.

b) Recommendations of the Gerstein Committee include the development of specialized housing and support services to meet the needs of discharged psychiatric patients.

c) Grant support is given to services which keep the elderly out of institutions.

In addition to supporting the development of neighbourhoods, Council has recognized the problems inherent in community integration and the need for support services.

At its meeting held on April 18 and 22, 1983, Council adopted the following resolution which Kitchener City Council had forwarded, namely:

> "Whereas there appears to be a trend to de-institutionalize and integrate emotionally and physically handicapped persons into local communities, and while the net result appears to be a cost saving to the Ministries of Health and Social Services, it does not appear that these savings are being passed on to the local municipalities. While deinstitutionalization is supported, it is however placing increasing pressure on municipalities to provide support services which include housing, social programs and specialized transportation.
>
> Therefore it is requested that the Ministry of Health and the Ministry of Social Services provide additional funding for the support services that are required as a result of the deinstitutionalization of emotionally and physically handicapped persons and the integration of these people into the local community.
>
> And further, this resolution be circulated to the Association of Municipalities of Ontario and Ontario Cities for endorsement."

In May 1983 the Deputy Minister of Community and Social Services responded to Council's resolution. He indicated that the Ministry will continue to provide funding as implementation of the Five Year Plan proceeds.

The Association of Municipalities of Ontario is monitoring the implementation of the Service Plan. In an attempt to develop additional and improved services to residents leaving

institutions, A.M.O. and Ontario Social Development Council are planning a conference in October 1984 entitled "Housing for Hard Times."

3. The Plan

The plan indicates an intention to establish 750 new supervised community living spaces; 1,000 new places in family support programs; 244 new group home places; 1,381 new training and employment places for higher functioning developmentally handicapped adults; 500 new training and employment places for lower-functioning adults; 200 new beds for severely handicapped children and 250 new places for severely handicapped adults by 1987. The Ministry indicates that it will spend $33.7 (in 1982 dollars) to expand these community services of which $23.7 million will come from the closing of the six institutions.

4. Implementation

Closures:

Two of the larger institutions, Bluewater Centre in Goderich and St. Lawrence Regional Centre in Brockville, were closed in December 1983 and June 30, 1983 respectively. Reports from several sources in the field of developmentally handicapped indicate that placement planning was not well done and many community services were not available. Ministry statistics indicate that as many as 25% of the residents were transferred to other provincial institutions. Of those returning to the community, approximately 35% were placed in accommodation programs operated by local Associations for the Mentally Retarded and other non-profit organizations. Another group was placed in small privately-operated group homes. The rate of unsuccessful community placements was approximately 10% for St. Lawrence and Bluewater.

The impending closure of Pine Ridge in Aurora by August 1984 will have a direct impact on the Metro area. In contrast to the earlier closures,the planning process appears to be better organized and to include community service providers. Forty-three residents will have been placed in the Metro area by the end of 1984. The plan to close Durham and D'Arcy Regional Centres by 1987 will result in the placement of sixty additional people in the Metro area.

Residential Placement:

Ministry officials in the Central Region office have indicated that an individualized discharge plan for each resident has been developed in conjunction with his/her family and community

service-providers. While forty-three Pine Ridge residents will be placed in the Toronto area in 1984, 55 new residential spaces and 70 day program spaces are being developed. However, these figures must be compared to the waiting lists of developmentally handicapped residents already in the community who need supportive housing. While M.T.A.M.R. and Reena Foundation have placed approximately 19 of the 43 discharged residents, they have long waiting lists of community people who might not need institutionalization if supportive housing were available in the community. M.T.A.M.R. reports that in July 1983, 400 people were waiting for suitable residential placement in a group home or Single Independent Living Program.

Case Management Services:

Other organizations providing support services to developmentally handicapped people report a shortage of staff allocations to provide case management as well as shortage of suitable residential units. The Adult Protection Service Workers, provincially-funded case managers who work in community agencies such as M.T.A.M.R., York Community Services and City Department of Public Health, have the responsibility to do counselling, assist in budgeting, assist in finding housing and act as general case advocates.

The APSW worker who is responsible for the southwest section of the City has an active caseload of approximately fifty people. Approximately 8-10 of those individuals have been living in boarding and lodging houses while waiting for placement in a supervised setting. In one specific case, a 48 year old woman who functions at the intellectual level of a 3-5 year old is waiting for a group home. Up to this point, the family has cared for her at home but is no longer able to do so. When the A.P.S.W. indicates that placement is needed imminently because the family home is being sold, over-burdened community agencies suggest that the woman be placed in the provincial facility in Edgar. This situation illustrates some of the ironies involved in the implementation of the Service Plan.

From another perspective, some service providers think that the Service Plan has facilitated new community partnerships especially in the housing field. Supervised Independent Living Programs in which well-suited developmentally handicapped adults live in apartments, attend vocational workshops or training programs, and receive itinerant support services, have been instituted in Metro Housing units for the first time. This model appears to be progressing successfully. However, service-providers are concerned about the maintenance of adequate levels of funding for the support staff.

Transportation:

Service-providers have not encountered major problems in the area of transporation. Most residents returning to the Metro area are able to use T.T.C. If the demand for Wheel Trans should increase as the implementation of the Service Plan progresses, Wheel Trans officials would need additional funding to meet this increased demand. Currently there is a waiting list for subscription service which guarantees fixed service. It is likely that a multiply-handicapped, developmentally disabled adult would need subscription service in order to participate in a day program of any sort.

5. Other Concerns

Currently, no support services adequately meet the needs of developmentally disabled adults who also have mental health problems. The appropriate residential or medical services to meet the needs of this vulnerable group do not exist. As one service-provider commented, neither mental health nor mental retardation services can afford to sacrifice scarce beds or staff time to an individual with highly specialized needs. Reena Foundation indicated that an inter-agency group is beginning to discuss strategies to meet these needs.

Another widely-expressed concern is that some developmentally handicapped adults have been placed in unsuitable boarding and lodging homes. Without a detailed survey it is difficult to determine whether this situation is the direct result of the recent influx of residents from large institutions or a more generalized problem that has existed previously.

Community Occupational Therapy Associates (COTA) which operates a Boarding Home Support Project funded by the Ministry of Health, has observed a marked increase in developmentally handicapped adults living independently in boarding/lodging situations. C.O.T.A. provides education and support to fourteen boarding home operators in an attempt to improve operator-resident relations. C.O.T.A. staff are concerned that these residents either may not know that the service of an A.P.S.W. worker exists or may not be able to utilize this service because caseloads are high and current staff complements cannot serve more people. One result of this situation is that boarding home operators may not receive rent regularly because residents are not receiving the needed assistance in budgeting, which in turn can lead to increasingly stressful living situations for the handicapped individual.

Staff of Metro Community Services Department have raised concern about the potential financial impact of recent changes in the administration and funding of F.B.A. payments. Until August 1983,

individuals moving to Single Independent Living programs received F.B.A. at the institutional rate of $523 per month. The S.I.L. programs received funding to provide items such as eyeglasses and surgical supplies. Effective August 1983, individuals moving into S.I.L. will receive F.B.A., at the rate of $382 with the option of a shelter supplement of up to $75 per month. The F.B.A. institutional rate of $523 will be maintained for those residents who entered the community before August 1983 and the new F.B.A. rate will be increased over several years. In addition, the individual must now apply to the municipality for supplementary aid to obtain certain items. If the demand for specialized items grows as the severely disabled leave provincial facilities, the financial impact upon the municipalities is likely to increase.

Summary

The provincial policies set forth in "Services for the Developmentally Handicapped: A Five Year Plan" include the closure of six large institutions and the placement of 1,000 residents in various living arrangements in the community.

The plan, released by the Minister of Community and Social Services in 1982, also outlines provisions for the development of community services to support various levels of independent living. Preliminary consultation with community service-providers and other interested groups indicates that there is broad acceptance of the goal of deinstitutionalization but that there is serious concern about the financial capacity of community agencies to provide the necessary support services to people returning to the community and to those already in the community.

As implementation of the service plan proceeds, the impact upon the Toronto area is likely to increase. The need for more supportive housing programs is apparent. Increased demand for public health services and specialized recreation services is likely to result. The need for community health facilities to meet the needs of multiply-handicapped people will present an additional demand upon local services.

In summary, the City of Toronto is likely to experience some impact as developmentally handicapped adults move from institutions into the community. The extent to which this will be negative is dependent on the level of discharge planning and the Province's willingness to fund adequate community services, particularly supportive housing and case management. There are not sufficient services for developmentally handicapped people in the community at the present time. However it does appear that the Province intends to increase the number of community facilities by more than the number of individuals to be discharged. In that respect there appears to be a net gain,

although it is evident there will still be insufficient services. It does appear that the impact on municipal services has not been a factor considered in the Five Year Plan. Council may wish to consider these implications in the context of their historical support for deinstitutionalization.

Recommendation:

1) That this report be received for information.

Stephen G. McLaughlin
Commissioner

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Ontario Public Service Employees Union

The "de-institutionalization" of the developmentally handicapped:

Effects on the community

No municipal official would argue that his or her community is not affected by various decisions which are made by the provincial government.

Policies in education, in health, in transportation and social services have a direct impact on communities across Ontario. In many ways, the impact is not measureable, because the effects of policies are felt on a wide spectrum of services provided by municipalities. A decision in the social service field, for example, might affect not only the municipal welfare system, but a host of other services provided by towns and cities, including public transportation, the schools and others.

The province's plan to "de-institutionalize" developmentally handicapped and other mentally handicapped people is one such plan that will have a wide ranging effect on the municipal level.

The "de-institutionalization" process affects not only the developmentally handicapped. It includes psychiatric patients, people with learning disabilities and a wide range of others.

The Five Year Plan

In the fall of 1982, the Ministry of Community and Social Services unveiled its new Five Year Plan for the care of the developmentally handicapped. ComSoc Minister Frank Drea recommended a plan to Cabinet which was put

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forward as a "low cost option" for the care of the developmentally handicapped.

Under the Plan, six of the smaller government-operated facilities around the province would close and a seventh would be cut back.

The centres scheduled for cutback are: the St. Lawrence Centre in Brockville (99 residents, closed June 30); the Bluewater Centre in Goderich (144 residents, scheduled to close November 14); the START Centre in St. Thomas (100 residents), Pine Ridge in Aurora (147 residents), D'Arcy Place in Cobourg (151 residents), Durham Centre in Whitby (142 residents) and the Oxford Regional Centre in Woodstock (173 residents, to be cut by 107).

Municipalities are very much involved with the Five Year Plan, although chances are they have not been informed about it except through newspaper articles.

Municipalities should care about the developmentally handicapped. The developmentally handicapped are people who both need and deserve all the help we can give them. In many ways, they are among the most defenceless of Ontario's citizens.

Our Support is Needed

The developmentally handicapped need the support we can give them at all levels. In the government facilities in which they currently live, members of the Ontario Public Service Employees Union care for them. In many community group homes, members of both OPSEU and the Canadian Union of Public Employees provide the learning and training programs which are essential for these people to live fulfilling lives.

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Members of both unions are employed as residential, vocational and recreational counsellors who are trained to carry out the programs which are needed. In addition, the unions represent more specialized medical and psychological workers who care for specific needs in these areas.

The members of our unions see the process of "de-institutionalization" from the inside. They are the front line workers in providing care to the mentally handicapped.

Both organizations are concerned with provincial government plans to "de-institutionalize" an increasing number of the mentally handicapped.

In 1978, the government decided to close the Lakeshore Psychiatric Hospital in Toronto, in what can now be seen as a precursor of the "de-institutionalization" plans which are underway today.

Although the province promised that community facilities would be in place by the time the hospital closed, the sad reality told a different story. Municipal officials, two years after the closing, were still asking where these community services were.

Instead of community services, what Metropolitan Toronto got was the "Parkdale ghetto." Ex psychiatric patients were crowded into the west end of Toronto in conditions which were at best marginal. Overcrowded rooming houses were the norm, not the exception. The promise of community services turned out to be nothing more than a cruel hoax.

Now, the province is proceeding further. Not only are there plans to "de-institutionalize" the developmentally handicapped. The province, in a document from Dr. Gilbert

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Heseltine, has signalled its intention to dramatically change the system of care for psychiatric patients across the province.

Will this truly mean a better life in the community for the mentally handicapped? Or will they be condemned to more Parkdale ghettos across the province?

An Immediate Problem

For Metropolitan Toronto, the problem is an immediate one. Under the Five Year Plan to "de-institutionalize" the developmentally handicapped, as many as 75 of the residents of the Pine Ridge Centre for the developmentally handicapped are planned to be moved to the Metro area.

Do the facilities exist to serve these people? A review of the current situation tells us they are not. The Metropolitan Toronto Association for the Mentally Retarded already has a waiting list for group homes that numbers in the hundreds. Workshops run by the Metropolitan Toronto Association for the Mentally Retarded are now running at 110 percent of capacity, according to Association President Cay Shedden.

"The old challenge is not gone," says Metropolitan Toronto Association for the Mentally Retarded Central Council member Hugh MacKay. "MR services still do not encompass everyone and residential services especially are out of the question for almost all people who are mentally retarded in Toronto."

Staff at the Ontario Association for the Mentally Retarded have serious reservations about the ability of the community to serve the developmentally handicapped under current conditions. "There is a detrimental affect on people now on waiting lists in the community who cannot find placement because of the Five Year

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Plan," says a recent memo from Association staff.

The Five Year Plan will also mean hardship for the developmentally handicapped in centres not affected by the closings. They, too will have to be moved to make room for the new arrivals from the facilities which are closing. The developmentally handicapped in many other communities will also be hurt by this government plan.

The Five Year Plan means adverse consequences for the developmentally handicapped not only in the field of housing. The developmentally handicapped, because of the nature of their handicaps, require care in a number of specialized fields.

Specialized Care

Many of the nearly 1,000 people who will be "de-institutionalized" by the province receive special medical treatment. Many of the developmentally handicapped are also multiply handicapped. Incidence of conditions such as epilepsy are higher in the developmentally handicapped than in the population at large. The special treatment extends to pharmaceutical and dental care, as well.

Already, some incidents have occured because developmentally handicapped people, "de-institutionalized" from the government residences, have not been given the needed medical care. This was not the fault of the professionals involved. It was the fault of poor planning and a total lack of co-ordination.

In one instance, a man was "de-institutionalized" to a group home, where he had an epileptic fit. While at the group home, he had not been given his proper medication. He was sent to the local hospital, which could not properly handle him. In the end, he wound up back in the

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government facility from which he had been moved.

- In another instance, an individual was "de-institutionalized" not to a group home, but to a nursing home operated for profit by a private company. The nursing home recognized it was unable to handle the client's special needs. They attempted to have the client admitted to a local hospital. The hospital refused. The client was sent back to a much larger facility than the one from which he had been "de-institutionalized."

Has the medical and para-medical profession in many communities had any chance whatsoever to ready themselves for new responsibilities in connection with the developmentally handicapped who are "de-institutionalized" from government facilities?

Staff has to be prepared for de-institutionalization. They have been institutionalized. Any serious de-institutionalization program needs to rely on using trained staff in the community.

Municipal Responsibilities

Municipalities are responsible for providing many basic services, without which we simply could not survive as a city. Roads, sewers, parks, a transit system and other facilities are necessary to a city.

Up until now, municipalities have been responsible mostly for these basic types of service. Specialized services, such as special education for the handicapped, have been the responsibility of the provincial or the federal government.

Now, however, the province is placing an increasing load on the municipal level. Queen's Park is passing programs for which it once had sole responsibility to the jurisdiction of towns

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and cities, which may not be equipped to handle them.

There are no adequate provisions for protecting the developmentally handicapped from abuse in the community. There are no laws which allow social workers or any other professionals to enter a home where they suspect adults are being abused. In one instance, this means that there is still a young developmentally handicapped woman living with her mother on a rat infested farm in Southwestern Ontario, according to a May, 1984, Globe and Mail report. We cannot allow this standard of community placement to become the norm.

There is a push to have municipalities assume more responsibility for income maintenance programs; the new Education Act (Bill 82) makes local school boards responsible for more special education. The Five Year Plan of the Ministry of Community and Social Services will make municipalities more responsible for care of the developmentally handicapped.

Municipalities in a number of towns and cities have expressed grave concerns about the Five Year Plan. The Association of Municipalities of Ontario has said that local governments should be consulted before any "de-institutionalization" takes place.

Instead, the provincial government is trying to play conservative and liberal forces of the community against each other to deflect criticism from cut-backs in care for the developmentally handicapped. The December '83 issue of Toronto's City Planning makes this point in an article on de-institutionalization.

"Conservative and liberal elements clash over proprietary rights and human rights while senior government accepts the kudos for either fiscal responsibility or compassionate leadership,

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depending on whose winning," says the City Planning report. "Neighbourhood controversy over group homes provides a smokescreen for the questionable intents of senior government."

City officials in London have expressed concerns about the increased load on the special services (such as transit for the handicapped) which they provide.

The Mayor of Aurora, where the Pine Ridge Centre is slated to close, is concerned because he was never consulted and has never been informed about the community alternatives which are supposed to be set up in his area.

Caring for the developmentally handicapped means providing special transportation, recreational and other facilities. Does many communities know what the effect of "de-institutionalization" will be on its facilities?

Have municipal governments been informed or consulted by the province on how many people would be the responsibility of its jurisdiction, when they would be moving and what the city can expect? A recent meeting of the York Regional Council decided that this was not the case. Councillors expressed concern that there has been no consultation with the people who will be directly involved with the care of the "de-institutionalized" residents.

Put bluntly, municipalities are going to be faced with the brunt of the province's "de-institutionalization" plans. The province must be forced to proceed properly with its program of "de-institutionalization" if it is to have a chance of succeeding.

Community Services

What community services will be required for the developmentally handicapped? Group homes

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raise some obvious questions.

- Group homes have implications on zoning and urban planning. The province has proceeded with its campaign of "de-institutionalization" without consideration of the problems which this could create in these areas.

Problems with group home development in North York only serve to underline possible difficulties. What might have been a smooth process to set up community residences for the developmentally handicapped is turning into a frustrating experience for all people involved, because the province is not participating in the administration of the project.

"Never have I been more discouraged than I was after the meeting that was held at the Cornelius Public School on Thursday, 22 March regarding group homes in North York - unless it was by the reactions of the angry crowd that rallied against group homes at the meeting of 2 April, 1984, as reported in the press," says North York Board of Education trustee Elsa Chandler. Clearly, something is wrong with the guidelines for setting up group homes when it creates so much controversy and ill will.

Because the developmentally handicapped will be living on social assistance and disability pensions in the communities affected, they will not be able to afford recreational and social services. Municipalities will be expected to provide this support. Have they been compensated for this, or even warned in advance, in any way?

Group homes have implications for population density, as well. The government of Ontario paints a rosy picture of group homes in which only four or five developmentally handicapped people live. But the reality is different. Group homes housing over 10 people are the norm. And in some places, group homes with

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over 40 residents have been established.

Other questions are raised by the experience of ex-psychiatric patients who were forced out of the Lakeshore Psychiatric Hospital. A November, 1983, report in the **Toronto Star** discussed a case where a dispute over unpaid rent left out-patients at the Queen Street Mental Health Centre wondering where they might be staying. These standards for community living are not appropriate. How can we guarantee that victims of the five-year plan will not suffer the same uncertainty?

Specialized transit services are required for the handicapped. Have communities had the chance to plan for these new services? Will they receive compensation from the province?

Group homes mean that extra service will be needed in ambulance, police and fire protection. Are there enough trained doctors in a community to handle the special needs of the developmentally handicapped?

The province has promised to establish crisis facilities for the developmentally handicapped. Yet in Brockville, months after the St. Lawrence Centre closed, these services are not to be found.

In short, municipalities will be asked to provide more of the services which the provincial government is abandoning. With a static tax base in many cases, are communities in a position to do so?

A Good Thing?

At first glance, it might seem as though the provincial government's plan to "de-institutionalize" nearly a thousand developmentally handicapped people is a good thing.

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After all, isn't it more humane to let the developmentally handicapped live in the community than in an institution? Isn't it better for a developmentally handicapped person to live, not in a government-operated residence, but in a group home?

This can be the case. If there is proper staffing with trained professionals. If the group home conducts programs to help the handicapped achieve a higher level of functioning. If the community supports are in place.

But experience to date has shown that despite brave words, the province has not made the commitment to ensure that a proper support system will be in place when the facilities for the developmentally handicapped close.

For example, "start up grants" for eligible developmentally handicapped residents discharged from government facilities are not paid to the client's family or guardian. They are delivered only to operators and social agencies which sponsor support services.

The Ministry of Community and Social Services also delays funding for developmentally handicapped medical supplies by demanding complex and lengthy documentation for claims.

Combined with a shortage of housing for the developmentally handicapped, these bureaucratic procedures for support services have sparked harsh responses from Toronto and area social agencies.

"What kind of decency is there in closing down residential care facilities and, as a result, condemning many people to live on skid row in effect," asks the retiring head of the Metropolitan Toronto Social Planning Council, Reverend Eilert Freichs, in an April, 1984,

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interview with the **Toronto Star.**

We should care because we all support a system which looks out for the truly needy. But we should also care because of our own individual interests.

As a community leader, you will be asked to bear an active responsibility for care of the developmentally handicapped by the province. You should be concerned by what is happening, because you will be directly involved.

It has been said that nearly one in five people in Ontario will require some type of mental health care during their lifetimes. That means that almost everyone knows someone who has either required mental health care themselves, or has a family member that required it.

Municipal officials, service clubs and charitable organizations, churches and members of other leading community organizations should be aware of what is happening and how it will lower the quality of life for all of us.

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